

ALTERNATIVE RITE OF PASSAGE FOR THE GIRL CHILD AMONG AMERU COMMUNITY OF KENYA AND THE OBSTACLES IN ACHIEVING ITS SUCCESS: EMBRACING CHANGE FOR A BETTER LIFE

Susan Muthoni Kinyua

Department. of Education. Chuka University, P. O. Box 109-60400, Chuka, Kenya Email: skinyua@chuka.ac.ke

How to cite:

Kinyua, S. M. (2021). Alternative rite of passage for the girl child among Ameru community of Kenya and the obstacles in achieving its success: Embracing change for a better life. In: Isutsa, D. K. (Ed.) *Proceedings of the 7th International Research Conference held in Chuka University from 3rd to 4th December2020, Chuka, Kenya*, p.481-484

ABSTRACT

Every year thousands of girls and women in the Ameru community undergo female genital mutilation according to the Meru tradition. This is a traditional cultural practice which has two components; the actual surgical operation, education guidance and counseling during seclusion and healing process. Largely, the education that is given tithe girls during this period contains some positive aspects which are beneficial to them and the community and therefore should be encouraged. However, the physical cut which is harmful and potentially life threatening and causes distressing pain and suffering should be abandoned. This paper will focus on both the primary targets who are the girls as well as the secondary targets who are the girls' parents and other close relatives, the peers (boys and girls), community opinion leaders, religious leaders, politicians, government officials and the circumcisers to help bring change. It is hoped that through awareness creation and sensitization forums the targeted groups will experience and acquire the necessary knowledge, skills and develop attitude that will lead to socio-cultural change and transformation of Ameru community as far as FGM is concerned.

Keywords: Female Genital Mutilation, Sensitization, Ameru Girl Child, Change, Awareness.

INTRODUCTION

Although concerted advocacy work over the recent decades has generated widespread commitment to end this FGM practice success in eliminating it has been minimal for instance, despite the Kenyan government been on the practical ,FGM prevalence level has only dropped from 37.6% recorded in2008 to 31.7 recorded in 2012.as a result, FGM has continued to be prevalent among some Kenyan communities, including the Ameru community FGM has remained traditional cultural practice which is harmful and potentially life threatening. It causes distressing pain and suffering and hence should be abandoned, therefore there is need to carry out community sensitization forums assist disseminate relevant knowledge and skills which may contribute to a healthy lifestyle and responsible behavior for girls in the Ameru community without undergoing the physical cut (bodily operation).

Objectives of the study

This paper sought to create community awareness and sensitization on ARP at four stages of change.

- i. Change at the individual level
- ii. Change at the relational level
- iii. Change at the structural level
- iv. Change at the cultural level

METHODOLOGY

This ARP initiative baseline survey is to help the participants in acquiring relevant knowledge and skills which will contribute to a healthy life style and responsible behavior for girls in the society without undergoing the physical cut. The learning being formal and informal, the process will be learner centered and highly participatory. It may generally receive good support of the community mainly because the project will have been an interactive process. It will include numerous and intensive awareness and sensitization campaigns and forums aimed at preparing the communities for the envisage change of discarding FGM and embracing ARP. To foster change at the individual, relational structural and cultural levels in Meru, arrange for community awareness and sensitization campaigns, highlighting the dangers of FGM. This will be under taken for various categories of people. It is important to note that these four levels of change are interlinked and it is very difficult to draw a clear boundary between one level of change and the other. Change occurring in one level may also influence other levels of change as well.

1. Change at The Individual Level

The focus group here includes: Parents of the girls, Circumcisers/Mutilators, Government officials Aim is to enable the target group to change their perceptions about marriage and the importance attached to FGM. Gradually the larger community would change individual perceptions, abandon FGM and adopt ARP programmes.

(a) Parents of the girls

These play a key role in influencing girls to be circumcised. They are perceived as key custodians of the traditional practice. To end the FGM practice, the parents will be sensitized on the following to change their perceptions and attitude about FGM.

- Effects of FGM as a Rite of passage
- Children's rights
- Roles and responsibilities of parents/guardians in raising responsible and healthy children.

(b) Circumcisers/ mutilators

The aim is to change the mindsets through:

- Identify them, appreciate them and talk to them in a non-threatening manner.
- Acknowledge their skills, involve them in community sensitization programs such as open forums, and focused group discussions.
- Sensitize them on effects of practicing FGM as a rite of passage.
- Sensitize them on children rights
- Encourage them to adopt alternative methods of income generations.
- Trying to convert them into anti FGM agents.
- Introducing them to alternative rites of passage.

(c) Government officials

This will be relevant departments and county administrators. These can be change agents and support ARP, through knowledge. The training should also enhance collaboration, networking and partnerships in the campaign against FGM; such as through:

- Enforcing Children's Act
- Curbing FGM as a rite of passage
- Educating on the significance and effects of FGM
- Show importance of ARP for girls in the society
- Sensitize the need for law enforcement by administration officers

2. Change at The Relational Level

Focus group includes secondary targets i.e. peers (age-mate's boys and girls) parents /relatives, religious and leaders, children officers & community members who offer conducive environment for advocating for ARP. It will be a collective responsibility for encouraging and supporting the graduates of this new system.

(a) Community awareness & sensitization forums

The aim is to change the way people relate with each other in the community so that there is a conducive environment for advocating for ARP. Some of the ways they will be sensitized to are:

- Encourage respect among peers
- Use of civil and respectful language by siblings when communicating to initiated girls
- Parents to act as good role models
- Create ARP awareness
- Educate parents and relatives that initiation and seclusion is not a gateway to marriage.

All these can be done at meeting in schools church congregations sports and games events chiefs barazas, church congregations community group meeting etc.

(b) Boys

- Are a critical group to the success of ARP initiative so they need to be sensitized to change their attitude towards FGM
- Accept respect and recognize ARP graduates as responsible individual with status in the community and as potential wives.

(c) Girls

• Girls who have already gone through FGM are not excluded but can still be taken through life skills and empowerment initiatives to become champion and help protect other girls.

3. Change at The Structural Level.

Aim is to foster a supportive structural system for the ARP. Local structure to be strengthened include county administrations, children officers, chiefs, religious and community leaders, politicians, Njeri Cheek, Mandela yam Wanawake (MYWO) among others.

Main goal is to:

- a) Sensitize the local leaders to support the alternative rite of passage (ARP)
- b) Lobby with government officers to enforce the law and policies that protect children's rights
- c) Protect children from FGM.
- d) Be good role models in mentoring youths
- e) Identifying and explain the Ameru cultural value, beliefs, taboos and practices.

4. Change at the cultural level

This focuses on the cultural beliefs, values, taboos, practices and how they are linked to FGM. It aims at:

- Explaining how some cultural values beliefs, taboos and practices violate children and human rights.
- Identifying causes of resistance to change at the individual level.
- Suggesting ways of overcoming resistance to change.

OBSTACLES IN ACHIEVING SUCCESS IN ALTERNATIVE RITE OF PASSAGE PROGRAMMES.

The campaign against FGM has encountered a number of challenges. Some are enumerated below:

- Weaknesses in the enforcement of anti-FGM laws There is weakness in the enforcement of the laws prohibiting FGM.
- Low key anti-FGM programs and interventions Due to inadequate resources to campaign against FGM.
- Resistance and hostility Lack of effective targeted anti FGM programs especially those targeting the youth, men or male members of the community and the circumcisers.
- Insecurity and poor infrastructure Low involvement of community opinion leaders and village elders.
- Changes in the practice of FGM These are changes in the practice of FGM that make it difficult to trace and arrest perpetrators.
- Gaps in the design and implementation of interventions Community education and empowerment is lacking.
- Commercialization of FGM Some resources have been misused in campaigning against FGM.

FGM IN KENYA TODAY

There are emerging trends with regard to FGM due to a number of factors. Some of these trends include:

- Lower age of circumcision.
- Change in the type of FGM
- Increased demand for traditional circumcisers' services
- Increased secrecy in Female Genital Mutilation
- Cross-border cutting
- Medicalization of FGM
- Increased cost of FGM
- Legal action.

CONCLUSION

At the end of the four levels it is anticipated that guidance and counseling on Kimeru cultural practices, training on life skills and responsible lifestyle will have replaced the traditional circumcision for girls from childhood to adulthood. The initiated girls will assume new roles in the society and the community will appreciate their new status while the young men will readily accept them as potential marriage partners without cultural prejudice.

REFERENCES

- DOM/CJPC. (2008) Alternative Rite of Passage for Girls in Meru: A Curriculum for embracing change for a better life. Paulines Publications. Nairobi, Kenya.
- Efua, D.O (1994) Cutting *the Rose: Female Genital Mutilation, the practice and its prevention*: London: Minority Rights Publications.
- Kiptiony G. J. (2008). *A Knifeless Rite*. Influence of Selected Characteristics on the Marakwet of Kenya's Perception of the Counselling-Based Alternative Rite of Passage and Levels of Awareness of Effects of FGM. Unpublished PhD Thesis, Egerton University, Kenya.
- Kinyua, S. M. (2013). Post Female Genital Mutilation Effects and Coping Strategies by the Girl-child among the Ameru Community of Kenya. Unpublished Ph.D. Thesis, Chuka University.
- Ministry of Health: National Plan of Action for the Elimination of Female Genital Mutilation in Kenya, (1999 2019)
- Ministry of Health: Management of Complications in Pregnancy, and the Postpartum period in the presence of FGM/C
- PATH, (1994). Improving Women's Sexual and Reproductive Health: Review of Female Genital Mutilation Eradication Programmes in Africa. Washington.
- PATH, (1997). Alternative Rituals Raise Hope for the Eradication of FGM. Retrieved on 26, 2011. From: http://www.path.org/resources/press/19971020.fgm.html
- PATH, Maendeleo ya Wanawake (MYWO). (2000). Final Evaluation Report on Eliminating the Practice of FGM: Awareness Raising and community change in four districts in Kenya.
- UNICEF, (2008). Innocent Digest: Changing a Harmful Social Convention: Female Genital Mutilation/Cutting. Italy: ABC Tipograffa, Sesto Florentino.
- WHO, (1996). *Female Genital Mutilation*: Information Kit, Geneva, Department of Women's Health, Health Systems and Community Health.
- WHO, (2006). *Study group of Female Genital Mutilation and Obstetric Outcomes*, WHO Collaborative Prospective Study in Six African Countries, Lancet 2006, 367 (9525)1835-1841.
- WHO, (2007). 'African Battles to make Female Genital Mutilation History' in the lancet 39, pp.1060-1070

7th International Research Conference Proceedings 3rd – 4th Dec 2020 pg. 481-484